

JUN 4 1926

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122Registered No. 83

## 1. PLACE OF BIRTH

County GilaState Ariz.

District or Township

or Village

City Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melba Marie Clendennen

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

7To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

yes.

7. Date

of birth

Month

Day

Year

4-1-26

8.

FATHER

Full name

Oscar Elihu Clendennen

14.

MOTHER

Full maiden name

Emma Marie Meris

9. Residence

(Usual place of abode)

Christmas

15. Residence

(Usual place of abode)

Christmas

If non-resident, give place and state.

ArizonaIf non-resident, give place and state. Arizona

10. Color or race

white

16. Color or race

white11. Age at last birthday 25 (Years)17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Texas

18. Birthplace (city or place)

(State or country)

Globe  
Arizona

13. Occupation

Nature of industry

clerk

19. Occupation

Nature of industry

Housewife20. Number of children of this mother 2(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born aliveat 10:55 P. m. on the date above stated

(Born alive or stillborn)

Signature

C. W. AdamsPhysician

(Physician or midwife)

Address

4-30 Globe Ariz.  
St. Vincent

Filed

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
a supplemental report

Month, day, year

Registrar

Registrar

435-401-552

order of birth stated.